APPLICATION FOR FUNERAL HOME BRANCH LICENSE

State Form 48444 (R / 4-03)
Approved by State Board of Accounts, 2003

State Board of Funeral and Cemetery Service
302 W. Washington St., Rm. E034
Indianapolis, IN 46204
317-232-2980
www.in.gov/pla

FEE: $25.00 - For an application filed on or before the last day of an even numbered year.
FEE: $50.00 - For an application issued during an odd numbered year.

* Your Federal ID number is being requested in accordance with IC 4-1-8-1; disclosure is mandatory. The number will be given to the Department of Revenue.

Name of funeral home branch

Address of funeral home branch (*number and street*)

(*city, state, ZIP code*)

Telephone number | Federal ID number *

Name of: (*check applicable category*)
☐ sole proprietor ☐ partnership ☐ corporation

Address (*number and street, city, state,ZIP code*)

Principal address of residence of sole proprietor (*number and street, city, state, ZIP code*)

Name of funeral home completing preparations | Funeral home number

Names, titles and principal addresses of residence of the partners, directors or other executive officers:

Name	Name
Title	Title
Address (*number and street, city, state, ZIP code*)	Address (*number and street, city, state, ZIP code*)
Name	Name
Title	Title
Address (*number and street, city, state, ZIP code*)	Address (*number and street, city, state, ZIP code*)
Name	Name
Title	Title
Address (*number and street, city, state, ZIP code*)	Address (*number and street, city, state, ZIP code*)

Name of the manager who will be in charge of the funeral home | License number

Names and license numbers of all funeral directors/emblamers and funeral director interns who will be performing services at or on behalf of the funeral home:

Name	License number
Name	License number
Name	License number
Name	License number

(*Continued on the reverse side*)

Undersigned acknowledges as the applicant or on behalf of the applicant that the funeral home may not be operated without having a funeral director either perform or directly supervise each act of funeral service performed for the funeral home.

Undersigned swears to or affirms the truth of the foregoing.

Signature of applicant or applicant's agent	Title of the signed agent if applicant

NOTARY CERTIFICATE (SWORN OATH)

STATE OF _____

COUNTY OF _____ } SS:

I, _____, having been duly sworn on oath, say that I am the above-named applicant, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Signature of Notary Public	
Printed or typed name of applicant	Printed or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of residence	Date commission expires

(*If additional space is required, use the area below*)